

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
39449

**791
1003**

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital #2)..... File No. 10488
..... Registered No. 10488
..... St. Ward)

2. FULL NAME Edward Williams

(a) Residence, No. 1011 N. 16th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 - 1 - 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 0 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Edward Williams, Jr
(ADDRESS) 1011 N. 16th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 10/20, 1936

19. UNDERTAKER Love
(ADDRESS) 3103 Washington Blvd.

20. FILED OCT 19 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:09 p.m.

The principal cause of death and related causes of importance were as follows:

Burns of Chest, Face, Head, Neck (2d & 3d degree) Acute Phlegmatitis of Lungs - Edema following an explosion of a ammonia tank at R.E. Franster Fuel Co., St. Louis, Mo.

Other contributory causes of importance:
tank at R.E. Franster Fuel Co., St. Louis, Mo.

Name of operation Accident Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 14, 1936
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In industry

Manner of injury Explosion of ammonia tank
Nature of injury 7 1/2 degree burns at chest

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Occupation a laborer for this company
(Signed) J. Bredeck
(Address) St. Louis, Mo.

10/19/36

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

